
PERIODONTICS D4000 - D4999

Local anesthesia is usually considered to be part of Periodontal procedures.

General Guidelines

1. Periodontal services are only benefited when performed on natural teeth for treatment of periodontal disease. Unless otherwise specified by contract, benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites and/or periradicular surgery are denied and the approved amount is collectable from the patient.
2. Periodontal benefits are based on the following hierarchy:

These inter-related services include, but are not limited to, the following hierarchy:

D4260 **most inclusive**

D4261

D4249

D4240

D4241

D4210

D4211

D4341

D4342

D4355

D4910

D1110

3. When two or more **different** 1-3 teeth services are performed in the **same quadrant on the same service date**, payment of the 1-3 teeth procedures will be made, not to exceed the quadrant fee of the highest hierarchy service performed.
4. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
5. Prophylaxis is not payable as a separate benefit when provided on the same date as periodontal scaling and root planing, or periodontal maintenance.
6. The following categorizes procedures for reporting and adjudicating by quadrant, site or individual tooth.

Quadrant: D4210, D4341: Four or more diseased teeth/periodontium distal to the midline are considered a quadrant. Bounded tooth spaces are not counted in making this determination. When these periodontal procedures do not meet all of these criteria use codes D4211 and D4342 respectively.

D4240, D4260: Four or more diseased teeth/periodontium or bounded tooth spaces distal to the midline are considered a quadrant. A bounded tooth space counts as one space irrespective of the number of teeth that would normally exist in the space. When these procedures do not meet all of this criteria, use codes D4241 and D4261 respectively.

Site: A term used to describe a single area, position, or locus. The word "site" is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- If two contiguous teeth have areas of soft tissue recession, each tooth is a single site.
- If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Up to two contiguous edentulous tooth positions may be considered a single site.

Tooth Bounded Space: space created by one or more missing teeth that has a tooth on each side.

7. Once the quadrant fee is paid within the service time limitation, subsequent episodes of the same procedure will be denied.
 8. Delta Dental Plans and HDS consider the use of a laser (e.g. laser disinfection, bacteria reduction, debridement) or perioscopy in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient.
 9. When laser disinfection and or perioscopy is performed as a **stand alone procedure** with no other periodontal services or prophylaxis on that same date of service, submit charges as D4999 unspecified periodontal procedure, by report. In this situation, HDS will DENY these fees and the patient is responsible for the cost.
 10. Gingival irrigation is considered part of any periodontal procedure when performed on the same day and is not billable to the patient. When completed on the same day as periodontal scaling and root planing, gingival irrigation is not billable to the patient.
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Surgical Services (Including Usual Post-Operative Care) D4210 - D4278

General Guidelines

1. Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations (D9430, D9110, D0140) for three months. Surgical re-entry is not billable to the patient when performed within three years. When a surgical procedure is billed in the same site within three months of the initial procedure, a separate benefit for the surgery is not billable to the patient.
 2. If periodontal surgery is performed in less than 30 days after scaling and root planing, the benefit for scaling and root planing will be deducted from the surgery.
 3. The benefits for biopsy (D7285, D7286), frenectomy (D7961, D7962), frenuloplasty (D7963) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date, same surgical site/area by the same dentist/dental office as the codes D4210 – D4275.
 4. Diseased teeth/periodontium: For payment and processing purposes periodontically involved teeth that would qualify for surgical pocket reduction benefits under procedure codes D4210, D4211, D4240, D4241, D4260 and D4261 must be documented to have at least 5 mm pocket depths. If pocket depths are under 5 mm the surgical procedure is denied and the approved amount is chargeable to the patient.
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Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	UR, UL LR, LL
D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	1 - 32
It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.		
<ol style="list-style-type: none"> 1. Procedure is a benefit once every three years. 2. Procedure is a benefit if the pocket depth is greater than or equal to 5mm. 3. For D4211, if more than one tooth; indicate additional teeth numbers in narrative. 4. A separate benefit for gingivectomy or gingivoplasty per tooth is not billable to the patient when performed in conjunction with the preparation of a crown or other restoration by the same dentist/dental office. A separate benefit for D4210/4211 will be denied if performed for “cosmetic reasons”. 5. Bounded tooth spaces are not counted as the procedure does not require a flap extension. 		
D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Perio Chart, X-ray	1 - 32
<ol style="list-style-type: none"> 1. A separate benefit for gingivectomy or gingivoplasty per tooth is not billable to the patient when performed in conjunction with the preparation of a crown or other restoration by the same dentist/dental office. Individual consideration may be allowed based on dental consultant review. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	UR, UL LR, LL
D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	1 - 32

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

1. Procedure D4240 includes root planing (D4341/4342) and the benefit for root planing will be not billable to the patient when performed in conjunction with D4240/4241.
2. Procedure is a benefit once every three years.
3. Procedure is a benefit if the pocket is greater than or equal to 5mm.
4. For D4241, if more than one tooth; indicate additional teeth numbers in narrative.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4249 clinical crown lengthening – hard tissue	X-ray	1 - 32
<p>This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.</p>		
<p>Definition: A surgical procedure exposing more tooth for restorative purposes by apically positioning the gingival margin and removing supporting bone. (American College of Prosthodontics; The Glossary of Prosthodontic Terms)</p>		
<ol style="list-style-type: none"> 1. Crown lengthening is a benefit only when subgingival caries or fracture requires removal of soft and hard tissue to enable restoration of the tooth or when less than 3 mm of tooth structure remain between the restorative margin and alveolar crest. Crown lengthening for cosmetic purposes or to correct congenital or developmental defects is denied. 2. This code should not be submitted when only gingival soft tissue has been removed via a laser or electrosurgery. 3. Crown lengthening (D4249) is benefited only when bone is removed and sufficient time is allowed for healing. 4. Benefits for crown lengthening are not billable to the patient when performed on the same day as crown preparations or restorations. 5. A separate fee for crown lengthening is not billable to the patient when performed in conjunction with osseous surgery on the same teeth. 6. The fee for multiple crown lengthening sites within a single quadrant will not exceed the benefit for D4260. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	UR, UL, LR, LL
D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Perio Chart	1 - 32

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260, D4261 and should be reported using their own unique codes.

1. Osseous surgery is a benefit on the same tooth once every three years.
2. This procedure is a benefit if the pocket depth is greater than or equal to 5mm.
3. Usually only two full quadrants of osseous surgery are allowed on the same date of service. Benefits in excess of two full osseous surgeries on the same date of service are denied unless a narrative is supplied to explain exceptional circumstances.
4. If periodontal surgery is performed less than 30 days after scaling and root planing, the benefit for the scaling and root planing will be deducted from the surgery.
5. For one to three teeth, when subsequent treatment of the same procedure is required within the same quadrant, the total benefit is limited to the allowance of the quadrant fee.
6. This code should not be submitted for laser-assisted new attachment procedure (LANAP). Refer to D4999.
7. The fee for osseous surgery includes:
 - Osseous contouring
 - Distal or proximal wedge surgery
 - Scaling and root planing (D4341, D4342)
 - Gingivectomy (D4210, D4211)
 - Flap procedures (D4240, D4241)
 - Frenectomy (Frenulectomy D7961, D7962), Frenuloplasty (D7963)
8. The following procedures may be benefited separately on the same day:
 - Bone replacement graft (D4263, D4264)
 - Soft tissue grafts (D4273, D4275, D4277, D4278)
 - Guided tissue regeneration (D4266)
 - Biologic materials with demonstrated efficacy in aiding periodontal tissue regeneration (D4265)
 - Exotosis removal (D7471)
 - Hemisection (D3920)
 - Extraction (D7140)
 - Apicoectomy (D3410)
 - Root amputation (D3450)
9. For D4261, if more than one tooth, indicate teeth numbers in narrative.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4263 bone replacement graft –retained natural tooth- first site in quadrant	<p>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.</p> <ol style="list-style-type: none"> 1. Benefits for bone grafting are available only when performed on retained natural teeth and must be submitted with a gingival flap (D4240/D4241) or osseous surgery (D4260/D4261) entry procedure. 2. Bone grafting is denied when billed in conjunction with implants, ridge augmentation, periradicular surgery or extraction sites – refer to D7950, D7951 and D7953. 3. This procedure is a benefit if the pocket depth is greater than or equal to 5 mm. 4. Maximum benefit for bone replacement grafts is two sites per quadrant. Bone graft for the second site in the same quadrant will be processed as D4264. 	1 - 32
D4264 bone replacement graft – retained natural tooth-each additional site in quadrant	<p>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.</p> <ol style="list-style-type: none"> 1. Benefits for bone grafting are available only when billed for natural teeth and performed for periodontal purposes. 2. Bone grafting is denied as a specialized or elective technique when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. – refer to D7950, D7951 and D7953. 3. This procedure must be submitted with a gingival flap (D4240/D4241) or osseous surgery (D4260/D4261) entry procedure. 4. This procedure is a benefit if the pocket depth is greater than or equal to 5 mm. 5. Maximum benefit for bone replacement grafts is two sites per quadrant. Bone graft for the second site in the same quadrant will be processed as D4264. 	1 - 32

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4265 biologic materials to aid in soft and osseous tissue regeneration	<p>Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and /or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.</p> <ol style="list-style-type: none"> Benefits are available once per tooth every three years when reported with periodontal flap surgery (D4240, D4241, D4260, and D4261). Benefits are available only when billed for natural teeth. Benefits are denied when billed in conjunction with implants, ridge augmentation, extraction sites and periradicular surgery as a specialized or elective technique. When performed on the same day as D4263, D4264, D4266, D4267, D4273, D4275, D4277, D4278, D4283, D4285 in the same surgical site, the benefit for D4265 is denied. 	1 - 32
D4266 guided tissue regeneration – resorbable barrier, per site	<p>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.</p> <ol style="list-style-type: none"> Benefits for guided tissue regeneration are denied in conjunction with soft tissue grafts (D4273, D4275, D4277, D4278, D4283 and D4285) in the same surgical area. A bone graft is required in order to benefit the guided tissue regeneration. Benefits are available only when billed for natural teeth. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized or elective technique. Maximum benefit for guided tissue regeneration is two sites per quadrant. GTR for more than two sites will be denied to the Maximum Plan Allowance. 	1 - 5, 12 - 16, 17 - 21, 28 - 32

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<p>D4267 guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)</p>	<p>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.</p> <ol style="list-style-type: none"> 1. For most plans, upon review of the documentation, the alternate benefit of a D4266 (guided tissue regeneration) may be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage. 2. A bone graft is required in order to benefit the guided tissue regeneration. 3. Benefits are available only when billed for natural teeth. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized or elective technique. 4. Benefits for guided tissue regeneration are denied in conjunction with soft tissue grafts (D4273, D4275, D4277, D4278, D4283 and D4285) in the same surgical area. 5. Maximum benefit for guided tissue regeneration is two sites per quadrant. GTR for more than two sites within a quadrant will be denied to the Maximum Plan Allowance. 	<p>1 - 5, 12 - 16, 17 - 21, 28 - 32</p>

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Periodontal Grafts D4273 - D4278		
<u>General Guidelines</u>		
<ol style="list-style-type: none"> 1. A periodontal graft is a benefit once every three years per tooth unless otherwise specified in the group contract. 2. Benefits for guided tissue regeneration (D4266) are denied in conjunction with soft tissue grafts in the same surgical area. 3. Benefits for frenectomy (frenulectomy D7962, D7963) or frenuloplasty (D7963) are not billable to the patient in conjunction with soft tissue graft (D4273, D4275, D4277 D4278, D4283 and D4285) when performed in the same surgical site. 4. Maximum benefit for periodontal graft procedures is two teeth per quadrant. Periodontal graft procedures exceeding two teeth within a quadrant will be denied to the Maximum Plan Allowance. 5. This is a benefit only for natural teeth. Grafting of an edentulous site or any implant site is denied. 6. Periodontal grafts are not a benefit when performed for cosmetic purposes. 7. Narrative should specify the clinical diagnosis and the indications/reason for the graft procedure. Clinical photos, if available are encouraged to enhance the supporting documentation. 		
D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Narrative	1 - 32
<p style="margin-left: 40px;">There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.</p>		
D4283 autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Narrative	1 - 32
<p style="margin-left: 40px;">Used in conjunction with D4273.</p>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<p>D4275 non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft</p>	Narrative	1 - 32
<p>There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.</p>		
<p>D4285 non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site</p>	Narrative	1 - 32
<p>Used in conjunction with D4275.</p>		
<p>D4277 free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft</p>	Narrative	1 - 32
<p>D4278 free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site</p>	Narrative	1 - 32
<p>Used in conjunction with D4277.</p>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Non-Surgical Periodontal Service D4341 - D4355		
D4341 periodontal scaling and root planing – four or more teeth per quadrant	Perio Chart	UR, UL, LR, LL
D4342 periodontal scaling and root planing – one to three teeth per quadrant	Perio Chart	1-32

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

1. Periodontal scaling and root planing per quadrant are covered benefits once every 2 years.
2. Scaling and root planing is a benefit when the clinical attachment loss is greater than or equal to 4 mm. When there is no evident alveolar bone loss or attachment loss, D4341 or D4342 is denied.
3. If periodontal surgery is performed less than 30 days after scaling and root planing, the benefit for the scaling and root planing will be deducted from the surgery.
4. Prophylaxis (D1110) is not billable to the patient if performed on the same day as D4341 or D4342.
5. When 3 or 4 quadrants of periodontal scaling and root planing are completed on the same day, the following is required for claim submission:
 - a. X-ray image(s) of the treated teeth to verify alveolar bone loss and attachment loss.
 - b. Periodontal charting to include pocket depth (PD) and gingival margin (GM) measurements of the treated teeth to identify clinical attachment loss (CAL).
 - c. Periodontal diagnosis.

When documentation does not support alveolar bone loss or attachment loss, D4341 or D4342 is denied.

6. D4341 or D4342 performed in conjunction with periodontal surgery is not billable to the patient on the same teeth.
7. For D4342, if more than one tooth, indicate teeth numbers in narrative.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
8. Delta Dental Plans and HDS consider the use of a laser (e.g. laser disinfection, bacteria reduction, debridement) in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient.		
9. Gingival irrigation is considered part of any periodontal procedure when performed on the same day and is not billable to the patient. When completed on the same day as periodontal scaling and root planing, gingival irrigation is not billable to the patient.		

D4346

scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

1. This procedure is applied to the patient's annual prophylaxis benefit and benefited at the preventive co-pay percentage.
2. Benefits for D4346 are included with D1110, D1120, D4341, D4342, D4355 or D4910 and are not billable to the patient when submitted by the same dentist/dental office on the same day.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<p>D4355 full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit</p>	<p>Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.</p> <ol style="list-style-type: none"> 1. A D4355 is a benefit when the dentist is unable to accomplish an accurate comprehensive evaluation (D0150) and periodontal probing/screening due to heavy plaque, calculus etc. 2. A D4355 is not billable to the patient when performed by the same dentist/dental office on the same day as D0150, D0160, or D0180. 3. This procedure is allowed as a benefit under the following circumstances: <ul style="list-style-type: none"> • The patient has not had a prophylaxis or debridement for at least 24 months. • The patient must be 14 years or older. • The patient has not had periodontal treatment for at least 36 months. 4. This procedure is applied to the prophylaxis benefit and benefited at the preventive co-pay percentage. 5. When benefit criteria are not met, this procedure is limited to and processed as a prophylaxis (D1110). 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Other Periodontal Services D4910 - D4999		
D4910 periodontal maintenance	<p>This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.</p>	
	<ol style="list-style-type: none"> 1. D4910 benefits are available to members who are currently in a periodontal maintenance program or who have recently had periodontal treatment (D4210, D4211, D4240, D4241, D4260, D4261, D4341, and D4342). Contract may specify different limits for specific conditions. 2. D4910 is a benefit twice per calendar year following active periodontal treatment for the next 18 months. 3. An extension of this benefit may be considered for continuing periodontal disease. A current periodontal chart (recorded within 6 months of the date of service) must be submitted with the D4910. <ul style="list-style-type: none"> • The periodontal chart should document the patient's on-going periodontal status. • Benefits for D4910 are denied when the documentation submitted does not indicate active periodontal disease. • Current patient periodontal maintenance limits can be viewed on HDSOnline and the DenTel faxback. 4. Benefits for D4910 include prophylaxis and scaling and root planing procedures. 	
D4920 unscheduled dressing change (by someone other than treating dentist or their staff)	<ol style="list-style-type: none"> 1. Unscheduled dressing changes by the treating dentist are not billable to the patient. 2. This benefit is limited to once per dentist/dental office per patient and subsequent treatment is not billable to the patient when performed by same dentist/dental office. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D4999 unspecified periodontal procedure, by report	Narrative	1 - 32, LL, LR, UL, UR, UA, LA
Use for this procedure that is not adequately described by a code. Describe procedure.		
<ol style="list-style-type: none"> 1. Provide complete description of services/treatment to allow determination of appropriate benefit allowance. 2. Indicate tooth number as needed. 3. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or additional supporting information. 4. Delta Dental Plans and HDS consider the use of a laser (e.g. laser disinfection, bacteria reduction, debridement) in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient. 5. When submitting for laser-assisted new attachment procedure (LANAP): <ul style="list-style-type: none"> • Maintain an appropriate Patient Consent Form on file documenting that the LANAP procedure was explained to the patient and alternatives to the LANAP procedure were also explained. • Inform the patient of the cost difference if they elect LANAP and that they will be responsible for the difference between the HDS payment and the submitted fee for LANAP. • Submit CDT procedure code D4999 for each quadrant or tooth (when only 1 to 3 teeth involved). • Indicate LANAP in the narrative along with the quadrant or tooth number. • Submit a copy of the patient's periodontal chart. • HDS will process the submission as an alternate benefit of a gingival flap procedure, D4240/D4241 if the pocket depth is greater than or equal to 5mm. 		